ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	:IDAHO			
	ELIGIBIL	ITY CON	OITIC	ONS AND REQUIREMENTS
Citation(s)		Cor	nditi	on or Requirement
	Α.	Genera	l Cor	nditions of Eligibility
		Each in	ndivi	idual covered under the plan:
42 CFR Part 435, Subpart G		sta	andar	ancially eligible (using the methods and cds described in Parts B and C of this ment) to receive services.
42 CFR Part 435, Subpart F		2. Med	ets t	the applicable non-financial eligibility ions.
		a. Fo	r the	e categorically needy:
		(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
 -		(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of the Act		(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act		(iv)	For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section

TN No. 92-7Supersedes
TN No. 91-19Approval Date 5-27-92Effective Date 1-1-93

	State:	IDAHO
Citation(s)		Condition or Requirement
	b.	For the medically needy, meets the non- financial eligibility conditions of 42 CFR Part 435
1905(p) of the Act	c.	For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) oI the Act, meets the nonfinancial criteria of section 1905(p) of the Act.
1905(s) of the Act	d.	For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the act, meets the non-financial criteria of section 1905(s).
1905(p)(3)(A)(ii)	е.	For financially eligible specified low income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of (p)(3)(A)(ii).
42CFR 435.402	3. Is 1	residing in the United States and
	a.	Is a citizen;
	b.	Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
		X Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under sections 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22,1996.
	c.	Is an alien who is not a qualified alien, as defined in section 431(b) of PL. 104-193, or who is a qualified alien but is not eligible under the provisions of (b) above. (Coverage is restricted to certain emergency services.)

TN No. 97-0//
Supersedes Approval Date 11/26/97 Effective Date 7/1/97
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AUGUST 1991
State:

IDAHO

Citation

Condition or Requirement

- d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
- e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).

42 CFR 435.403 1902(b) of the Act

- 4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
- $\angle \overline{X}$ State has interstate residency agreement with the following States:

Utah

Kentucky

Ohio Pennsylvania Florida Tennessee

Wisconsin

Iowa

	State	has	open	agreement(s).
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//	Not	applicable	no	residency	requirement.
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TN No. 9/-/9
Supersedes
TN No. 7-4

Approval Date 1/2//92

Effective Date 16/1/9/

October 1991

(MB)

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OMB No.: 0938-

State/Territory:

IDAHO

Citation

Condition or Requirement

42 CFR 435.1008 I HEAMEDIAN CARE PRINTED FOR THE MOTHER PROTECTION,

5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, Massistantermediate care facilities or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

42 CFR 435.1008 1905(a) of the Act

- b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
 - Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

42 CFR 433.145 1912 of the Act

6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

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Approval Date 1-23-92 Effective Date 10-1-9/

TN No. 91-19

October 1991

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State/Territory:

OMB No.: 0938-

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State <u>/</u>x/

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number)/Except For Acres SERRIC MEDICA ASSITTATO FOR TRATACH OF BY EMPLOYET MEDICAL CONDITON ONDER SOUTHON 1903(1) OF THE BOLING SOCUTION BET (SOCTION(A))

TN NO. 71-22 Approval Date /- 23_92 Effective Date /0-/- 9/ Supersedes TN No. 91-19

AUGUST 1991

(BPD)

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OMB No.: 0938-

State: __IDAHO

Condition or Requirement Citation 1902(c)(2) 8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State covers under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act. 1902(e)(10)(A) 9. Is not required, as an individual child or pregnant and (B) of the woman, to meet requirements under section 402(a)(43) Act of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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Supersedes	Approval Date	1/21/92	Effective Date	10/191
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Revision: HCFA-PM-91-8 (MB)

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State/Territory: ____IDAHO

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Citation

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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Supersedes Approval Date 1-23-92 Effective Date 10-1-9'
TN No. _____

Revision:

HCFA-PM-97-2 December 1997

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ATTACHMENT 2.6-A

December 1997		OMB No.:0938-0673
State:	IDAHO	——————————————————————————————————————

Citation Condition or Requirement \mathbf{B} . Posteligibility Treatment of Institutionalized Individuals' Incomes 1. The following items are not considered in the posteligibility process: 1902(o) of a. SSI and SSP benefits paid under §1611(e)(1)(E) the Act and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian Bondi v Sullivan (SSI) General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 1902(r)(1) of c. German Reparations Payments (reparation payments made by the Federal Republic of Germany). the Act d. Japanese and Aleutian Restitution Payments. 105/206 of P. L. 100-383 e. Netherlands Reparation Payments based on Nazi, but 1. (a) of not Japanese, persecution (during World War II). P.L. 103-286 10405 of Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the P.L. 101-239 settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)

6(h)(2) of P.L. 101-426 g. Radiation Exposure Compensation.

12005 of P. L. 103-66 h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

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TN No. 93-3		

Revision:

HCFA-PM-97-2

December 1997

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OMB No.:0938-0673

IDAHO State:

Condition or Requirement Citation

1924 of the Act

435.725 435.733

435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

a. Aged, blind, disabled:

Individuals \$__30

60

Couples

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met, and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children \$ 30

Adults \$ 60

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A. \$ 30

TN No. Supersedes

Approval Date 6/9/98 Effective Date 1/1/98

TN No.

Revision:

HCFA-PM-97-2

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ATTACHMENT 2.6-A Page 4b OMB No.:0938-0673

State:	IDAHO

Citation

Condition or Requirement

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

- 3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
 - a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No. <u>98-03</u> Supersedes	Approval Date 6/9/98	Effective Date 1/1/98
TN No. 93-15 0	·	